

<b>SUMMARY SUBCONTRACT REPORT</b> (See instructions on reverse)			OMB Number: 9000-0007 Expires: 06/30/2003	
Public reporting burden for this collection of information is estimated to average 12.9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.				
1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME			4. REPORTING PERIOD FROM INCEPTION TO CONTRACT THRU <input type="checkbox"/> OCT 1 - <input type="checkbox"/> OCT 1 YEAR <input type="checkbox"/> MAR 31 <input type="checkbox"/> SEP 30	
b. STREET ADDRESS				
c. CITY	d. STATE	e. ZIP CODE	5. TYPE OF REPORT <input type="checkbox"/> Regular <input type="checkbox"/> Final <input type="checkbox"/> Revised	
2. CONTRACTOR'S ESTABLISHMENT CODE <b>Duns No.</b>				
6. ADMINISTERING ACTIVITY (Please check applicable box)				
<input type="checkbox"/> Army <input type="checkbox"/> Defense Logistics Agency <input type="checkbox"/> DOE <input type="checkbox"/> Navy <input type="checkbox"/> NASA <input type="checkbox"/> OTHER FEDERAL AGENCY (specify) <b>DCMA</b> <input type="checkbox"/> Air Force <input type="checkbox"/> GSA				
7. REPORT SUBMITTED AS (check one)			8. TYPE OF PLAN	
<input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> BOTH <input type="checkbox"/> SUBCONTRACTOR			<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COMMERCIAL PRODUCTS If Plan is a Commercial Product Plan, Specify the percentage of the Dollars on this Report Attributable to this agency.	
9. CONTRACTOR'S MAJOR PRODUCTS OR SERVICE LINES				
a.			c.	
b.			d.	
CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS (Report cumulative figures for reporting period in Block 4)				
			Whole Dollars	Percent
10a. Small Business Concerns (include SDB, WOSB, HBCU/MI) (Dollar Amount and Percent of 10c)			<b>\$0</b>	<b>0.0%</b>
10b. Large Business Concerns (Dollar Amount and Percent of 10c)			<b>\$0</b>	<b>0.0%</b>
10c. Total (Sum of 10a and 10b)			<b>\$0</b>	<b>0.0%</b>
11. Small Disadvantaged (SDB) Concerns (Dollar Amount and Percent of 10c)			<b>\$0</b>	<b>0.0%</b>
12. Woman-Owned Small Business (WOSB) Concerns (Dollar Amount and Percent of 10c)			<b>\$0</b>	<b>0.0%</b>
13. Historically Black Colleges and Universities (HBCU) and Minority Institutions (MI) (if applicable) (Dollar Amount and Percent of 10c)			<b>\$0</b>	<b>0.0%</b>
14. HUBZONE Small Business (HUBZone SB) Concerns (Dollar Amount and Percent of 10c)			<b>\$0</b>	<b>0.0%</b>
15a. VETERAN-OWNED SMALL BUSINESS (VOSB) CONCERNS (Dollar Amount and Percent of 10c)			<b>\$0</b>	<b>0.0%</b>
15b. SERVICE- DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS (Dollar Amount and Percent of 10c)			<b>\$0</b>	<b>0.0%</b>
16. REMARKS				
16. CONTRACTOR'S OFFICIAL WHO ADMINISTERS SUBCONTRACTING PROGRAM				
a. NAME		b. TITLE		14b. TELEPHONE NUMBER
				AREA CODE NUMBER
17. CHIEF EXECUTIVE OFFICER				
a. NAME			c. SIGNATURE	
b. TITLE			d. DATE	